

NOTE: IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 107

County Registrar No. _____

Local Registrar No. 733

No. 67 Mex. Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Ramos { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth July 1, 1926
Month Day Year

8. FATHER
Full name Jesus Ramos
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Zacatecas
(State or country) Mex.

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Maria Sanchez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 22 (Years)

18. Birthplace (city or place) Zacatecas
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn 1 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 11:30 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown M.D. (Physician or midwife).
Address Miami, Arizona

Given name added from a supplemental report. Month, day, year _____ Filed Aug 3, 1926 R. E. Dinn Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

192-701-489